

*Landscape of Plan
Options in*
Wyoming
2007

Medicare_{Rx}
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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Wyoming 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Albany	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Albany	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Albany	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Albany	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Big Horn	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Big Horn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Big Horn	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Big Horn	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Big Horn	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Big Horn	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Big Horn	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Big Horn	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Big Horn	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Campbell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Campbell	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Carbon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Carbon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Carbon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carbon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Carbon	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					

Wyoming 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Carbon	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Carbon	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Carbon	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Carbon	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Carbon	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Converse	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Converse	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Crook	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Crook	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Crook	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Crook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Crook	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Fremont	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Fremont	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fremont	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fremont	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Goshen	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Goshen	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Goshen	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Goshen	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Goshen	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Goshen	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Goshen	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Goshen	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Goshen	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Goshen	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Goshen	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Hot Springs	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hot Springs	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hot Springs	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Hot Springs	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hot Springs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hot Springs	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hot Springs	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Hot Springs	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Hot Springs	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Hot Springs	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Hot Springs	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Hot Springs	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Johnson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Johnson	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Johnson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Johnson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Johnson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Johnson	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	WellCare	Summit (H1340-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Laramie	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					

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Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Laramie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Laramie	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Laramie	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Laramie	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Laramie	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Laramie	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Laramie	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Laramie	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Natrona	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Natrona	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Natrona	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Niobrara	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Niobrara	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Niobrara	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Niobrara	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Niobrara	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Niobrara	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Niobrara	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					

Wyoming 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Niobrara	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Niobrara	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Niobrara	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Park	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Park	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Park	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Park	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Park	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Park	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Park	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Park	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Park	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Park	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Park	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Park	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Park	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Park	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Platte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Platte	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Platte	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Platte	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Platte	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Platte	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Platte	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Platte	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Sheridan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

Wyoming 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sheridan	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sublette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sublette	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sweetwater	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sweetwater	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Teton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Teton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Teton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Uinta	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Uinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Uinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Uinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Uinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Uinta	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Uinta	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Uinta	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Uinta	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Uinta	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Uinta	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Uinta	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Uinta	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Uinta	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Washakie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washakie	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Washakie	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Washakie	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Washakie	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Washakie	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Washakie	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Washakie	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Weston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Weston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Weston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Weston	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					